

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029039

1. Entity Name

AL OUTLAW CONSULTANTS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90066 040 ***150.00

Principal Place of Business

Mailing Address

100 SHIPYARD DR.
BRUNSVIWK GA 31520-8680

2. Principal Place of Business

1944 Southside Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3241307

Applied For

Not Applicable

Zip

32216

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OUTLAW, AL

JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Outlaw, A. L.

Street Address (P.O. Box Number is Not Acceptable)

1944 Southside Blvd.

City

Jacksonville

FL

Zip Code

32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OUTLAW, AL
100 SHIPYARD DR.
BRUNSWICK GA 31520 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OUTLAW, ANNIE S
100 SHIPYARD DR.
BRUNSWICK GA 31520 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000

CD05024 10/0001